

Withdrawal/Leave of Absence Form

First Name _____ Last Name _____ ID# 0000 _____

Graduate Undergraduate Major/Program _____ Advisor _____

Resident Commuter: Home Address _____

Personal Email Address _____ Phone Number _____

Term from which you wish to be withdrawn: Fall 20____ Spring 20____ Summer 20____

Reason for Leave of Absence or Withdrawal from SEU:

Leave of Absence Reason: _____

When do you plan to return? (circle one) Fall 20____ Spring 20____ Summer 20____

Withdrawal (leaving SEU permanently) Reason: _____

If transferring to another school-Where/Why: _____

This form is to be completed by students who withdraw from classes completely at SEU during a specific term. Students should refer to the academic calendar each semester for withdrawal deadlines and refund policies.

If you receive Financial Aid and withdraw from classes completely (even during the 100% refund period), it is possible that you will owe money to the institution, state, and/or federal programs.

Course to be: <input type="checkbox"/> Dropped <input type="checkbox"/> Withdrawn							Last date of attendance required	
Course ID	Section	Credits	Title of Course	Year	Term (SP/SU/FA)	Session A (first 7) Full (15) B (last 7)	Instructor Signature/Date	Last Date Student Attended

Student Signature/Date _____

Director of Financial Aid Signature/Date (if you are receiving financial aid) _____

Graduate Students: Advisor Signature/Date _____

Academic Dean Signature/Date _____

Undergraduate Students: Retention Coordinator Signature/Date _____

*Please return form to Registrar's Office once it has been completed.

Registrar's Office _____ Date _____